



REGISTRATION PACKET

Please be advised that an Adult Advisor MUST accompany any participating student(s) / member(s) attending this event.			
Organization Name:		Adult Advisor Name:	
Address:			
City & Zip:		Number of Members Attending	
Phone:		Email:	
<input type="checkbox"/> Please check if you would like to display information on your Global Youth Service Day project and/or any other project(s) you have implemented.			
Participating Student/Member Names – Please check the box to give the Governor’s Office full consent to publish all photographs taken in which the participating student/member appears.			
<input type="checkbox"/> 1.			
<input type="checkbox"/> 2.			
<input type="checkbox"/> 3.			
<input type="checkbox"/> 4.			
<input type="checkbox"/> 5.			
<input type="checkbox"/> 6.			

Student Agreement Form

(Copy form as needed)

Each student/member participating in the event must initial all items below and sign.

I agree to the following:

_____ I will dedicate myself to making positive decisions at this event, which includes not consuming or possessing any alcohol or illegal drugs before, after or during the event and not engaging in any inappropriate behavior of any kind.

_____ I will commit to attending all activities and to be on time.

_____ I will respect my peers, presenters and others.

_____ I understand that any violation of any of these guidelines will lead to an adult chaperone or event staff person monitoring my behavior. If serious enough, I may be asked to leave the event.

Printed Name

Signature

Organization

Student Agreement Form

Each member participating in the event must initial all items below and sign.

I agree to the following:

_____ I will dedicate myself to making positive decisions at this event, which includes not consuming or possessing any alcohol or illegal drugs before, after or during the event and not engaging in any inappropriate behavior of any kind.

_____ I will commit to attending all activities and to be on time.

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Printed Name

Signature

Organization